OFFICIAL FILE

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(Hile this application via e-docket, or if unable to do so, file one original verified application with the Chief Clerk.)

Docket No.

7 OC Wiffice Use Only

Please provide the appropriate information in the ( ) areas in the heading below.

Ernest Communications, Inc.

Application for a certificate of local exchange authority to operate as a facilities-based provider and reseller of telecommunications services in the State of Illinois.

03-0502

## APPLICATION FOR CERTIFICATE TO BECOME A TELECOMMUNICATIONS CARRIER

(Use additional sheets as necessary.)

GE	NERAL	and the second s	
1.	Applicant's Name(including d/b/a, if any)	FEIN #	
	Ernest Communications, Inc.		
	Address: Street 5275 Triangle Parkway, Suite 150	-at	
	City Norcross State/Zip Georgia 30092		
2.	Authority Requested: (Mark all that apply)13-403 Facilities Bas	sed Interexchange	
	X13-404 Resale c	of Local and/or Interexchange	
	X 13-405 Facilitie	s Based Local	
3.	Request for waivers/variances: In applications for local exchange service 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are gene interexchange service authority under Sections 13-403 and 13-404, waive generally requested. Please indicate which waivers Applicant is requesting each waiver/variance.	erally requested. In applications for error of Part 710 and Part 735 are	
	(See Attachment Q-3 hereto)		
	X Part 710 Uniform System of Accounts for Telecommunications	Carriers	
	X Part 735 Procedures Governing the Establishment of Credit, Billing, Deposits, Termination of Service and Issuance of Telephone Directories for Local Exchange Telecommunications Carriers in the State of Illinois (for long distance operations)		
	X Section 735.180 Directories (for local exchange operations)		
	Other		

4.	For all applicants requesting local exchange authority under Section 13-404 or Section 13-405, please complete the following:			
	<ul> <li>(a) the Standard Questions for Applicants Seeking Local Exchange Service Authority found in Appendix A of this document (See completed Appendix A hereto)</li> <li>(b) the 9-1-1 Questions for Applicants Seeking Local Exchange Service Authority found in Appendix B of this document; (See completed Appendix B hereto)</li> <li>(c) the Financial Questions for Applicants Seeking Local Exchange Service Authority found in Appendix C of this document; and (See completed Appendix C hereto)</li> <li>(d) if applicable, the Prepaid Service Questions for Applicants Seeking Local Exchange Service Authority found in Appendix D of this document. N/A</li> </ul>			
5.	In what area of the state does the Applicant propose to provide service?			
	Applicant seeks authority to provide facilities-based and resold local exchange service statewide in the State of Illinois. Applicant will initially provide service in the Illinois areas served by Ameritech and Verizon, as well at those areas served by smaller incumbent local exchange carriers in which the Commission has authorized competition. Applicant will provide resold interexchange service on a statewide basis.			
6.	Please attach a sheet designating contact persons to work with Staff on the following:			
	a) issues related to processing this application (See Attachment Q-6 hereto) b) consumer issues (See Attachment Q-6 hereto) c) customer complaint resolution (See Attachment Q-6 hereto) d) technical and service quality issues (See Attachment Q-6 hereto) e) "tariff" and pricing issues (See Attachment Q-6 hereto) f) 9-1-1 issues (See Attachment Q-6 hereto) g) security/law enforcement (See Attachment Q-6 hereto)  Please identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address.			
7.	Please check type of organization? IndividualXCorporationPartnership Date formedMay 11, 1998Other (Specify)Other (Specify)			
8.	Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois. (See Attachment Q-8 hereto)			
9.	List jurisdictions in which Applicant is offering service(s).			
	See Attachment Q-9 hereto).			
10.	Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?			

11. Have there been any complaints or judgements levied against the Applicant in any other jurisdiction?

\_\_\_\_YES (Please provide details) X\_\_\_NO

\_\_\_\_\_YES \_\_\_X\_\_NO

If Y	ES, describe fully.		
12.	Has Applicant provided service under any other name?		
	If YES, please list.		
13.	Will the Applicant keep its books and records in Illinois? YES X NO  If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.		
	(See Attachment Q-13 hereto)		
MA	NAGERIAL		
14.	Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms.		
	(See Attachment Q-14 hereto)		
15.	List officers of Applicant.		
	(See Attachment Q-15 hereto)		
16.	Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? X YESNO		
	If YES, list entity. (See Attachment 16 hereto).		
<b>1</b> 7.	How will Applicant bill for its service(s)? (At a minimum, describe how often the Applicant will bill for service and details of the billing statement.)		
	(See Attachment Q-17 hereto)		
18.	How does Applicant propose to handle service, billing, and repair complaints? (At a minimum, describe Applicant's internal process for complaint resolution, the complaint escalation process, the timeframe and process by which the customer is notified by Applicant that they may seek assistance from the Commission?)		
	(See Attachment Q-18 hereto)		
19.	Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing?X YES NO		
20.	What telephone number(s) would a customer use to contact your company?		
	(800) 456-8353		

21.	Will Applicant abide by all Federal and State slamming and cramming laws pursuant to Section 13-902 of the Public Utilities Act and Section 258 of the 1996 Telecommunications Act?		
	X YES NO		
22.	Please describe applicant's procedures to prevent slamming and cramming of customers?		
	(See Attachment Q-22 hereto)		
23.	If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 730, 732, 735, 755, 756, 757, 770, and 772?		
	X YES NO (If no, please provide an explanation.)		
24.	Is Applicant aware that it must file tariffs prior to providing service in Illinois?		
	XYESNO		
FIN	ANCIAL TO THE TOTAL THE PARTY OF THE PARTY O		
25.	Please attach evidence of Applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service. (See Attachment Q-25 hereto)		
TE	GINCAL		
26.	Does Applicant utilize its own equipment and/or facilities? X YES NO		
	If YES, please list the facilities Applicant intends to utilize. Also include evidence that Applicant possesses the necessary technical resources to deploy and maintain said facilities:		
	For its local exchange operations, Applicant intends to provide service in the State of Illinois through the use an unbundled network element platform (UNE-P) strategy and resale. Applicant will provide services to it customers through a combination of leased and owned network facilities and resold services. Applicant will lease substantially all of the unbundled network elements necessary to provide service to customers from incumbent local exchange carriers. Interexchange service will be provided exclusively on the basis of resalusing the facilities of underlying carriers.		
	If NO, which facility provider(s)'s services does the Applicant intend to use?		
27.	Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, data services, local service, prepaid local service).		
	(See Attachment Q-27 hereto)		
28.	Will technical personnel be available at all times to assist customers with service problems?		
	XYESNO		

29.	If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and
	method of receiving credit for faulty calls?  YES  NO  N/A  (Signature of Applicant)

## VERIFICATION

**OATH** 

State of Column	
County of <u>Gwinnett</u> )) ss	
J. Paul Masters makes oath and says that he is President of I foregoing application and that to the best of his knowledge, i in the said application are true, and the said application is	information, and belief, all statements of fact containe
above-named applicant in respect to each and every matter set	
	J. Paul Masters
	President
	Ernest Communications, Inc.

Subscribed and sworn to before me, a Notary Public/ Famela M. E.gos/
in the State and County above named, this H day of Suptember, 2003.

Landa M. Emach

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